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Attorney Reference Number 6395-61321
PATENT

EXPRESS MAIL LABEL NO. EL828140897US
DATE OF DEPOSIT: October 26, 2001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

BOX PATENT APPLICATION
COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231



Transmitted herewith for filing is the patent application of:

Inventor(s): William H. Schiffbauer

For: NON-DIRECTIONAL MAGNET FIELD BASED PROXIMITY RECEIVER WITH
MULTIPLE WARNING AND MACHINE SHUTDOWN CAPABILITY

Enclosed are:

- ☒ 11 pages of specification, 5 pages of claims, an abstract and a Combined Declaration and Power of Attorney.
- ☒ 3 sheet(s) of drawings.
- ☒ An assignment of the invention to: The Government of the United States of America as Represented by the Secretary of the Department of Health and Human Services, Centers for Disease Control and Prevention, a Recordation Cover Sheet, and the Recordal fee of \$40.00.

FILING FEE					
For	Claims Filed	Number Free	Number Extra	Rate	Basic Fee \$740.00
Total Claims	26	20	= 6	\$18.00	\$ 108.00
Independent Claims	3	3	= 0	\$84.00	\$ 0.00
Multiple Dependent Claim Fee				\$280.00	
TOTAL FILING FEE					\$848.00

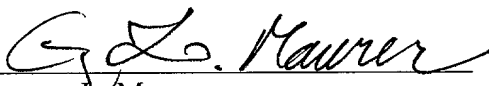
- ☒ Applicant claims the benefit of the earlier filing date of U.S. Provisional Application No. 60/243,641 filed on October 26, 2000. The entire disclosure of provisional application No. 60/243,641 is considered to be part of the disclosure of the accompanying application and is incorporated herein by reference.

- ☒ Assignee for this application is or will be The Government of the United States of America as Represented by the Secretary of the Department of Health and Human Services, Centers for Disease Control and Prevention, and applicant requests that this information be listed on the published application.
- ☒ A check in the amount of \$888.00 to cover ☒ filing fee and ☒ assignment recordal fee is enclosed.
- ☒ The Director is hereby authorized to charge any additional fees that may be required in connection with the filing of this application and recording any assignment filed herewith, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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By


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